

The Editor replies:

The editorial in question, "Future Patterns of Medical Practice", was written to draw attention to a number of intraprofessional trends in current medical practice by the simple process of raising questions about these trends. The very important matter of the most effective method whereby medical services may be provided to the citizens of this country in the future was not intended to be the subject of the editorial on which Dr. D. B. Stewart offers his comments. Dr. Stewart has, however, made a number of assertions which warrant further consideration.

In brief, he says that the essentials of good medical care now cost more than the ordinary man can afford and that this cost will increase; the demand for medical service will likewise continue to increase; and there will be fewer recruits to the profession of medicine. These statements present a dismal picture indeed. The combination of rising costs of and increasing demands for services on the one hand, and the dwindling supply of recruits to professional ranks on the other, would place society on the horns of a monstrous dilemma. If this picture of the future is accurate, it seems doubtful that even the most efficient and dedicated government could solve the problem. Dr. Stewart suggests that it can be solved, however, if doctors will "play the game". He says "The profession will have to solve these problems . . . It must decide how it can give the citizens of the future the best of the medicine of the future, and how it will meet increasing demands at less cost and with fewer people."

Be that as it may, to comment on the principal points raised in Dr. Stewart's letter:

First, "The *essentials* of good medical care now cost more than the ordinary individual can pay, and this cost will increase." That this statement and the assumptions that underlie it may not be valid is suggested by the experience of the nine million or more Canadian citizens who have provided for themselves and their dependants over the past decade a range of medical services in excess of the bare essentials of good medical care through participation in various types of prepaid insurance against the cost of sickness. Furthermore, the benefits eventually available to the individual through further development of these programs have not yet been fully explored.

It should be stressed, as an indispensable introduction to this question, that the costs of medical care include (a) those of physicians' services which are defined in negotiation between the physicians and the insurance plans, the major part of which is covered in the benefits of the plan and (b) those of other health services. The cost of certain items, such as drugs, from this second category, may equal or exceed the cost of physicians' services in many illnesses. Insurance incorporating so-called Extended Health Benefits is available in some areas and is being developed in others to mitigate many of these needs. The physician has some degree of control over the cost of his own services, but although he has a great interest in cost of items in the second group, he does not control them.

Secondly, in examining the choice offered by Dr. Stewart—that is, the exercise of individual responsibility through voluntary prepayment for medical services on the one hand, or a compulsory state health service on the other—the weight of evidence from the countries

where such massive social experiments have been introduced indicates that they do not achieve their laudable objectives. Experience suggests that in countries where medical care of reasonably high quality is already in existence, the introduction of a State medical service (i.e. a system in which the State is the sole or principal source of such services) has been associated with the impounding by the State of the talents, skills and futures of the professional workers through various methods of civil conscription, creating an atmosphere which does not encourage good or efficient medical practice. This momentous and, in the view of many responsible students of this subject, unnecessary step has a direct bearing on another of Dr. Stewart's dictums, i.e., that "there will probably be fewer recruits to the profession". We all agree that more and better doctors are needed in every country, but surely the measure most likely to discourage candidates from entering the profession would be the imposition of a milieu which mitigates against good medical practice. In this respect it should be noted that physicians in numbers equal to one-third of the new medical graduates in that country are leaving Great Britain each year.

Thirdly, ". . . to spread the cost of illness over the whole community . . . It does not matter much whether it is done through prepayment insurance plans or a state health service." It does, in fact, matter a great deal *if* spreading the cost through prepayment insurance plans would provide a good quality of medical care and *if* spreading it through a State health service would bring deterioration. The assumption that the latter would not be the case requires much more convincing evidence than has been presented to date. In the implications of this assumption, that it does not matter how the job is done, lie the principal dangers into which some health planners might lead the people of Canada.

The medical profession has a duty and a responsibility to support any social development that will improve the quality of health services and make such services more widely available to all Canadians. However, it has an equal responsibility to resist any development that may not realistically be expected to improve the quality of medical care, or that could contribute to any deterioration of the services now available. Without questioning or criticizing the sincerity of motives of those who honestly believe that a compulsory national health service provided by the State would ensure the attainment of their very worthy ideals, it is our equally sincere belief that, as far as Canada is concerned, such a system would not only fail in its objectives but would lower the quality of medical services now available to Canadians. This opinion in no way implies, however, that constructive measures to improve and extend these services should not be under constant study by the medical profession.

REPRINTS OF INDEX TO VOLUME 85

A limited number of reprints of the INDEX TO VOLUME 85—1961 are available for the convenience of readers who desire a separate copy of the index published in the issue of December 30, 1961. Requests should be addressed to The Canadian Medical Association Journal, 150 St. George Street, Toronto 5, Ontario.